

**United States Bankruptcy Court
Northern District of California**

In re Hawaiian Riverbend, LLC
Debtor(s)

Case No.: 22-50314
Chapter: 11

DECLARATION CONCERNING DEBTOR'S AMENDED SCHEDULES

I, the managing member of the above referenced debtor in this case, have reviewed the foregoing amended schedules (the "Amended Schedules").

The only change to schedule E/F is that creditor Frank McKinney II is now added as an additional creditor.

The Amended Schedules have not been revised to reflect or include claims by creditors that filed proofs of claim.

Except as set forth herein, I declare under penalty of perjury that the Amended Schedules are true and correct to the best of my knowledge, information, and belief.

Date: September 8, 2022

Signature: /s/ Michael Miroyan

Michael Miroyan

Fill in this information to identify the case:

Debtor Hawaiian Riverbend, LLC
United States Bankruptcy Court for the: Northern District of California
(State)
Case number 22-50314
(If known)

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.2	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.3	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Debtor

Hawaiian Riverbend, LLC

Name

Case number (if known) 22-50314

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Ali Kalbali</u> <u>c/o Kal Construction</u> <u>400 Reed Street, Ste. 185, Santa Clara, CA 95050</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>34,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address <u>David Dorenfield</u> <u>30101 Agoura Court, Ste. 210</u> <u>Agoura Hills, CA 91301</u> Date or dates debt was incurred <u>8/10/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>120,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address <u>Ed Halteman</u> <u>1331 Cedar Ave</u> <u>Boulder, CO 80304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>8,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address <u>Hal Barker</u> <u>620 Vasona Ave</u> <u>Los Gatos, CA 95032</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>8,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address <u>Joel Rettew</u> <u>22612 Galilea</u> <u>Mission Viejo, CA 92692-2000</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>40,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <u>Michael Riehm</u> <u>P.O. Box 39074</u> <u>Keauhou, HI 96739</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>2,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Office of United States Trustee 880 Front St., Ste. 3230 San Diego, CA 92115 Date or dates debt was incurred <u>04/04/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Chapter 11 quarterly fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,622.70</u>
3.8	Nonpriority creditor's name and mailing address Phil Hayes 19 Redberry Ridge Rd. Portola Valley, CA 94028 Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>70,000</u>
3.9	Nonpriority creditor's name and mailing address Ryan Smith 882 Kirksey Drive Turlock, CA 95382 Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pre-petition salary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>15,000</u>
3.10	Nonpriority creditor's name and mailing address Ryan Smith 882 Kirksey Drive Turlock, CA 95382 Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>45,000</u>
3.11	Nonpriority creditor's name and mailing address Stefan Martirosian 120 Aspen Oaks Lane Glendale, CA 91207 Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,000</u>

Debtor

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Part 2: Additional Page

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Amount of claim

3.12	Nonpriority creditor's name and mailing address Trish Tran c/o CYA Insurance 2396 Senter Rd., San Jose, CA 95112	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 7,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address William Keoni Shultz c/o Cades Schutte 1000 Bishop St., 12th Fl., Honolulu, HI 96813	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address William Miroyan PO BOX 3168 Saratoga, CA 95070	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Frank McKinney II 2570 Senter Road San Jose, CA 95111	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 80,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+

\$ 460,622.70

5c. Total of Parts 1 and 2

5c.

\$ 460,622.70

Lines 5a + 5b = 5c.

Frank McKinney II
2570 Senter Road
San Jose, CA 95111